

**Request for Address Change or Reissuance
of Electrical License / Apprentice Registration**
Michigan Department of Labor & Economic Growth
Bureau of Construction Codes / Electrical Division
P.O. Box 30255, Lansing, MI 48909
517-241-9320
www.michigan.gov/bcc

Fee: \$25.00 per license

Authority: 1956 PA 217
Completion: Mandatory
Penalty: Licensee may not receive license renewal
application / license will not be reissued

DLEG is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

**THIS APPLICATION IS FOR AN ADDRESS CHANGE OR REISSUANCE OF A LICENSE ONLY
DO NOT USE THIS APPLICATION FOR A LICENSE RENEWAL OR IF YOUR LICENSE HAS ALREADY EXPIRED**

Instructions:

- Complete form as appropriate and sign application. Type or print in ink.
- Address changes do not generate a new license. If you are requesting a new license, your current pocket and wall license must accompany this application along with a check made payable to the **State of Michigan** for \$25.00 for each license.
- If you are requesting a license to be reissued for a reason other than a change of address you must provide the reason and submit any portion of the current license, i.e., pocket or wall license you have in your possession with this application along with a check made payable to the **State of Michigan** for \$25.00 for each license.
- Mail completed application, appropriate documents and payment to address above.

☐ Address Change Only
(No charge)

☐ Address Change-Reissue License

☐ Request for Reissuance of License
State reason _____

License Type

INDICATE WHICH LICENSE(S) YOU HOLD IN WHICH AN ADDRESS CHANGE OR REISSUANCE OF LICENSE IS NECESSARY. PROVIDE YOUR LICENSE NUMBER.

<input type="checkbox"/> Electrical Contractor	61- _____
<input type="checkbox"/> Master Electrician	62- _____
<input type="checkbox"/> Journeyman Electrician	63- _____
<input type="checkbox"/> Fire Alarm Contractor	51- _____
<input type="checkbox"/> Fire Alarm Specialty Technician	52- _____
<input type="checkbox"/> Sign Specialty Contractor	53- _____
<input type="checkbox"/> Sign Specialist	54- _____
<input type="checkbox"/> Apprentice Electrician	64- _____
<input type="checkbox"/> Fire Alarm Specialty Apprentice Technician	50- _____

Previous Address (for address change only)

NAME			
ADDRESS	CITY	TOWNSHIP	
COUNTY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)

Current Address

NAME			
ADDRESS	CITY	TOWNSHIP	
COUNTY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)

Certification and Signature

I hereby certify the above information is true and accurate to the best of my knowledge.

SIGNATURE OF LICENSEE

DATE